



Request for Public Record

Requester: Please complete form and submit to "Public Records Officer" of the Port of Pasco

TO: PORT OF PASCO		DATE OF REQUEST	TIME OF REQUEST
PUBLIC RECORDS OR INFORMATION REQUESTED		REQUESTED BY	
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		Please include your name, address, daytime phone number and a fax number.	

COMPLETED BY AGENCY		ACKNOWLEDGEMENT OF RECEIPT		REQUESTER READ AND SIGN
NUMBER OF COPIES	AMOUNT RECEIVED	DATE OF RECEIPT	TIME OF RECEIPT	
PUBLIC RECORDS OFFICER		RECIPIENT'S SIGNATURE		
REASON IF AGENCY IS UNABLE TO COMPLY				REQUESTER'S SIGNATURE

I understand that I will be charged **.15** cents per copy for all copies I desire and, if applicable, all associated mailing costs. Other publications would be available at cost.